

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F00000006071

1. Entity Name
SI INTERNATIONAL TELECOM CORPORATION



Principal Place of Business
**4040 EAST BIJOU STREET
COLORADO SPRINGS, CO 80909**

Mailing Address
**12012 SUNSET HILLS ROAD, STE. 800
RESTON, VA 20190 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1561617

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO OLESON, RAY 12012 SUNSET HILLS RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD BRADFORD, ANTL E 12012 SUNSET HILLS RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, JAMES E 12012 SUNSET HILL RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD DUNN, THOMAS E 12012 SUNSET HILLS RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/06-80001-005 600.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. DANIEL, SECRETARY

Date

Daytime Phone #

1/6/06 703-234-7000